LABORATORY PERSONNEL REPORT (CLIA)

| | | (Fo | or mo | dera | te ar | nd hig | gh co | mple | xity t | estin | ig) ` | | , | | |
|---|--|---------------|---------------|--------|-----------------|--|---|--|------------------|---------|-------------------------------|---|---------|------------------------------|---------------------------------------|
| (For moderate and high complexity testing) 1. LABORATORY NAME | | | | | | | | | | | 2. CLIA IDENTIFICATION NUMBER | | | | |
| 3. LABORATORY ADDRESS (NUMBER AND STREET) | | | | | | | CI | TY | | | | | | STATE | ZIP CODE |
| 4. Instructions: a. List below all technical by the laboratory. Chec position held. For TC at b. Indicate whether shift w c. Indicate highest level of qualified: Use (M) for m | 'n | | | | | - Tech - Tech - Gen - Testii /GS - (| r cal Con inical C nical Si eral Sup ng Pers Cytology | onsulta upervis perviso onnel y Gene | ant sor er | ervisor | | 5. TELEPHONE (INCLUDE AREA CODE) FOR OFFICIAL USE ONLY (NOT TO BE COMPLETED BY LABORATORY, QUALIFIES ACCORDING TO SUBPART M. | | | |
| d. Indicate whether position | on held is full (F) or part-time (P |). | | | | | a. | - Cyto | technol | ogist | b. | C. | d. | DATE OF SURVE | EY |
| EMPLOYEE NAMES | | | | | PO | | DN H | ELD | | | S 1 H | М | F | | |
| LAST NAME | FIRST NAME | MI | D | СС | тс | TS | GS | TP | CT/GS | СТ | I 2 F T 3 | or H | or P | | |
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| □[Check (✔) here sheet(s) to the | if additional space is r original form. | need | ed to | o list | all t | echr | nical | pers | sonn | el. C | Сору | this | pag | e and attac | h continuation |
| READ THE FOLL | OWING CAREFULLY | / BE | FOF | E S | IGN | ING | | | | | | | | | |
| knowingly and willfu fraudulent statemen | s Generally: Whoever, in Ily falsifies, conceals or of ts or representations, or nt statements or entry, sl , Sec. 1001) | cover make | s up es or | by a | ny tri s any | ick, s false | chen e writ | ne, o | r dev or doo | ice a | ı mat ent kı | erial nowir | fact, | or makes fal e same to co | se, fictitious or ntain any false, |
| | CERTIFY THAT ALL O RDING TO THE PERSO | | | | | | | | | | | | | | THE POSITION |
| 6. SIGNATURE OF LABORATORY DIRECTOR | | | | | | | | | | | 7. DATE | | | | |
| | | | | | | | | | | | | | | | |

INSTRUCTIONS FORM CMS-209

This form will be completed by the laboratory. It will be used by the surveyor to review the qualifications of technical personnel in the laboratory.

Instructions for 4(a) TC/TS:

When listing those individuals holding technical consultant/technical supervisor (TC/TS) positions, use the following grid to indicate the specialty(ies)/subspecialty(ies) in which they presently function. Record the number corresponding to the specialty/subspecialty in the appropriate column (TC/TS). When an individual functions as a TC/TS in more than one specialty/subspecialty, use a line for each specialty/subspecialty.

GRID:

- 1. Bacteriology
- 2. Mycobacteriology
- 3. Mycology
- 4. Parasitology
- 5. Virology
- 6. Diagnostic Immunology
- 7. Chemistry
- 8. Hematology
- 9. Immunohematology

- 10. Clinical Cytogenetics
- 11. Histocompatibility
- 12. Radiobioassay
- 13. Histopathology
- 14. Oral Pathology
- 15. Cytology
- 16. Dermatopathology
- 17. Ophthalmic Pathology

EXAMPLE

| | | | a. | | | | | | | | b. | C. | d. | |
|----------------|------------|----|---------------|----|----|----|----|----|-------|----|-----------------|---------|---------|--|
| EMPLOYEE NAMES | | | POSITION HELD | | | | | | | | S 1 H | М | F | |
| LAST NAME | FIRST NAME | MI | D | СС | тс | TS | GS | TP | CT/GS | СТ | I 2 F T 3 | OR H | or P | |
| Smith | John | | | | 1 | | | | | | 1 | М | F | |
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FOR OFFICIAL USE ONLY

Indicate the applicable regulatory citation under which the following individuals are qualified: Each laboratory director, technical consultant, technical supervisor, clinical consultant, general supervisor, cytology supervisor, and those testing personnel and cytotechnologist sampled during the survey process.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0151. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.